

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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The Medical Provider Events file contains data about a variety of medical services, equipment and supplies collected in the survey, including: medical provider (MP), separately billing (SD), separately billing lab (SL), and other medical expenses (OM).

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C RECORD IDENTIFICATION CODE
VERSION	3	1					C VERSION NUMBER
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C UNIQUE EVENT IDENTIFIER
				154,833			C000-C999 EVENT CREATED FROM CLAIM
				167,027			0000-9999 SURVEY REPORTED EVENT
EVNTTYPE	18	2	\$EVNTTYP				C EVENT TYPE
				0			INAPPLICABLE
				0			DU DENTAL
				0			ER EMERGENCY ROOM
				0			IP INPATIENT
				0			IU INSTITUTIONAL UTILIZATION
				169,513			MP MEDICAL PROVIDER
				36,481			OM OTHER MEDICAL EXPENSE
				0			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				66,515			SD SEP BILLING DOCTOR
				49,351			SL SEP BILLING LAB
OREVTYPE	20	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				154,833			INAPPLICABLE
				0			DU DENTAL
				757			ER EMERGENCY ROOM
				458			IP INPATIENT
				0			IU INSTITUTIONAL UTILIZATION
				116,114			MP MEDICAL PROVIDER
				19,140			OM OTHER MEDICAL EXPENSE
				4,225			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				21,308			SD SEP BILLING DOCTOR
				5,025			SL SEP BILLING LAB
CLAIMID	22	7					N CLAIM THIS SURVEY EVENT MATCHED TO
CLAIMTYP	29	1	\$CLAIMTP				C CLAIM TYPE THAT EVENT MATCHED TO
				70,009			
				17,863			D DME CLAIM
				233,988			P PHYSICIAN CLAIM
EVBEYY	30	2	\$EVYY				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				5,135			-1 INAPPLICABLE
				89			-8 DK
				32			-9 NOT ASCERTAINED
				316,604			00-99 YEAR

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EVBEGMM	32	2	\$EVMM				C EVENT BEGIN MONTH
				0			INAPPLICABLE
				5,135			-1 INAPPLICABLE
				700			-8 DK
				46			-9 NOT ASCERTAINED
				315,979			01-12 MONTH
				0			95 STILL IN PROGRESS
EVBEGDD	34	2	\$EVDD				C EVENT BEGIN DAY
				0			INAPPLICABLE
				5,136			-1 INAPPLICABLE
				10,210			-5 MULTIPLE VISITS THIS MONTH
				5			-7 REFUSED
				16,525			-8 DK
				51			-9 NOT ASCERTAINED
				289,933			01-31 DAY OF MONTH
SOURCE	36	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				70,009			1 SURVEY ONLY
				154,833			2 CLAIMS ONLY
				97,018			3 BOTH SURVEY & CLAIMS
SITCODE	37	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				231			B BOTH COMM & FACILITY
				275,676			C COMMUNITY
				8,355			D DEEMED COMMUNITY
				29,935			F FACILITY
				2,098			G DEEMED FACILITY
				5,565			S SNF
AMTTOT	38	9					N TOTAL PAYMENT
IMPATOT	47	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				220,653			0 NOT IMPUTED
				101,207			1 IMPUTED
AMTCOV	48	9					N PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	57	9					N PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	66	9					N AMOUNT PAID BY MEDICARE
IMPSCARE	75	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				321,349			0 NOT IMPUTED
				511			1 IMPUTED
IMPACARE	76	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				309,295			0 NOT IMPUTED
				12,565			1 IMPUTED
AMTCAID	77	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	86	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				294,379			0 NOT IMPUTED
				27,481			1 IMPUTED

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IMPACAID	87	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				265,159			0 NOT IMPUTED
				56,701			1 IMPUTED
AMTHMOM	88	9					N AMOUNT PAID BY MEDICARE HMO
IMPSTMOM	97	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				312,712			0 NOT IMPUTED
				9,148			1 IMPUTED
IMPAHMOM	98	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				307,524			0 NOT IMPUTED
				14,336			1 IMPUTED
AMTHMOP	99	9					N AMOUNT PAID BY PRIVATE HMO
IMPSTMOP	108	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				316,816			0 NOT IMPUTED
				5,044			1 IMPUTED
IMPAHMOP	109	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				315,174			0 NOT IMPUTED
				6,686			1 IMPUTED
AMTVA	110	9					N AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				321,774			0 NOT IMPUTED
				86			1 IMPUTED
IMPAVA	120	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				320,698			0 NOT IMPUTED
				1,162			1 IMPUTED
AMTPRVE	121	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSRVE	130	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				289,818			0 NOT IMPUTED
				32,042			1 IMPUTED
IMPAPRVE	131	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				282,232			0 NOT IMPUTED
				39,628			1 IMPUTED
AMTPRVI	132	9					N AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSRVI	141	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				290,739			0 NOT IMPUTED
				31,121			1 IMPUTED

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IMPAPRVI	142	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED
				284,152			
				37,708			
AMTPRVU	143	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSRVU	152	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED
				317,586			
				4,274			
IMPAPRVU	153	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED
				317,586			
				4,274			
AMTOOP	154	9					N AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED
				270,501			
				51,359			
IMPAAOP	164	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED
				249,720			
				72,140			
AMTDISC	165	9					N AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1	IMPFLAG				N IMPUTATION FLAG: SOP OF UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED
				313,602			
				8,258			
IMPADISC	175	1	IMPFLAG				N IMPUTATION FLAG: AMT OF UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED
				311,064			
				10,796			
AMTOTH	176	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	185	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES 0 NOT IMPUTED 1 IMPUTED
				320,266			
				1,594			
IMPAAOTH	186	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES 0 NOT IMPUTED 1 IMPUTED
				317,423			
				4,437			
PAMTMED	187	9					N TOTAL AMOUNT PAID FOR MEDICAL SERVICES
PAMTSURG	196	9					N TOTAL AMOUNT PAID FOR SURGICAL SERVICES
PAMTLABX	205	9					N TOTAL AMOUNT PAID FOR LAB/X-RAY
PAMTOM	214	9					N TOTAL AMOUNT PAID FOR OTH MED SERVICES
PAMTPM	223	9					N TOTAL AMOUNT PAID FOR PRES MEDICINES

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PROVSPEC	232	2	PROVSPEC				N MEDICAL PROVIDER SPECIALTY
				154,833			.
				159			-9 NOT ASCERTAINED
				271			-8 DK
				41,630			-1 INAPPLICABLE
				444			1 DENTIST/DENTAL PROVIDER
				93,900			2 MEDICAL DOCTOR
				334			3 AUDIOLOGIST
				5,664			4 CHIROPRACTOR
				306			5 CLINICAL SOCIAL WORKER
				56			6 DIETITIAN-NUTRITIONIST
				14			7 HEARING THERAPIST
				114			8 HOME HEALTH/HEALTH AIDE
				75			9 HOMEMAKER
				136			10 HOSPICE WORKER
				49			11 I.V. THERAPIST
				1,651			12 NURSE (RN)
				212			13 NURSE PRACTITIONER (LPN)
				58			14 NURSE'S AIDE
				293			15 OCCUPATIONAL THERAPIST (OT)
				2,614			16 OPTOMETRIST
				172			17 OSTEOPATH (DO)
				51			18 PARAMEDIC
				6,382			19 PHYSICAL THERAPIST (PT)
				269			20 PHYSICIAN'S ASSISTANT
				3,099			21 PODIATRIST (FOOT DOCTOR)
				1,741			22 PSYCHOLOGIST
				245			23 RESPIRATORY THERAPIST
				411			24 SOCIAL/CASE WORKER
				119			25 SPEECH THERAPIST
				948			26 THERAPIST (MENTAL HEALTH)
				1,122			27 X-RAY TECHNICIAN
				17			28 LICENSED PRACTICAL NURSE (LPN)
				106			29 ACUPUNCTURIST
				10			30 HOMEOPATH
				371			31 MASSAGE THERAPIST
				4			32 NATUROPATH
				3,980			91 OTHER MEDICAL PROVIDER
OMETYPE	234	2	OMETYPE				N TYPE OF OM EVENT
				141,511			.
				147,887			-1 INAPPLICABLE
				3,077			1 EYEGLASSES
				1,167			2 HEARING OR SPEECH DEVICE
				2,076			3 ORTHOPEDIC
				4,986			4 DIABETIC
				4,351			5 AMBULANCE
				201			6 PROSTHESIS
				242			7 ALTERATION
				5,311			8 OXYGEN
				165			9 KIDNEY DIALYSIS
				10,886			10 OTHER

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
ORTHTYPE	236	2	ORTHTYPE				N TYPE OF ORTHOPEDIC ITEM
				154,229			.
				165,555			-1 INAPPLICABLE
				557			1 BRACES OR SUPPORTS
				278			2 CANE
				264			3 CORRECTIVE SHOES OR INSERTS
				40			4 CRUTCHES
				520			5 WALKER
				308			6 WHEELCHAIR
				109			91 OTHER
ALTRTYPE	238	2	ALTRTYPE				N TYPE OF ALTERATION
				154,914			.
				166,704			-1 INAPPLICABLE
				16			1 ELEVATOR OR INCLINE CHAIR
				48			2 HANDRAILS (OTHER THAN TUB)
				32			3 RAMPS
				45			4 TUB HANDRAILS
				10			5 TUB SEAT
				9			6 ANY CAR ALTERATION
				82			91 OTHER
OTHRTYPE	240	2	OTHRTYPE				N TYPE OF OTHER OME
				150,266			.
				160,708			-1 INAPPLICABLE
				350			1 PORT./RAISED TOILET
				93			2 PORTABLE TUB SEAT
				135			3 SPECIAL CHAIR OR CUSHION
				996			4 HOSPITAL BED
				914			5 OSTOMY SUPPLIES
				4,122			6 DEPENDS (DIAPERS)
				612			7 BANDAGES, DRESSINGS, TAPE SUPP.
				273			8 PULMONARY EQUIPMENT
				3,391			91 OTHER
HMO	242	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				285,417			0 EVENT NOT PROV BY HMO
				36,443			1 EVENT PROVIDED BY HMO